1503 - 139 - 1535

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2015 FFB -3 AM II: 55

FORM 1		ORGANIZATION				ENTER STATES			
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple: If typing, type the lines.	12FE4M	15			
Alliant Tec	hşyste	ems Inc. Vista	Qutd	oor Employ	ee Citiz	zenship F	und		
ADDRESS (number a (Check if a is changed)	ddress	1300 Wilson Suite 400 Arlington			VA	22209	- - -		
COMMITTEE'S E-MA (Check if is change	address	SS (Please provide only one allison.muldo	_	_	STATE	ZIP (·		
COMMITTEE'S WEE	address	None							
2. DATE 01" (30°) (2015)									
3. FEC IDENTIFICATION NUMBER									
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A)		_			
Type or Print Name Signature of Treasur	of Treasure	Don Masch Don Masch ous, or incomplete information			Date 0	1 30	2015		
Office		ANY CHANGE IN INFORMA	TION SHO	OULD BE REPORTED V					
Use Only				Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FO (Revised	1		